

**DURHAM CITY-COUNTY INSPECTIONS DEPARTMENT
BUILDING PERMIT APPLICATION**

101 City Hall Plaza
Durham, NC 27701

Phone: (919) 560-4144
FAX: (919) 560-4484

JOB ADDRESS: _____
ADDRESS DESCRIPTION (LOT, UNIT): _____
JOB DESCRIPTION: _____

CONTRACTOR: _____
ADDRESS: _____
CITY: _____ **STATE:** _____
ZIP CODE: _____ **TEL NO.:** _____

ARCHITECT: _____
ADDRESS: _____
CITY: _____ **STATE:** _____
ZIP CODE: _____ **TEL NO.:** _____

PROPERTY OWNER: _____
ADDRESS: _____
CITY: _____ **STATE:** _____
ZIP CODE: _____ **TEL NO.:** _____
TYPE PAYMENT: () CASH () CHK () CC () CHGA
JURISDICTION: () - CITY () - COUNTY
CONTR. ACCT. NO: _____
STATE CONTR. LIC. NO: _____

Is any existing structure on this property serviced by a well or septic tank? () Yes () No Signed _____
If "Yes", first contact Env. Health at 560-7800

APPROVED FOR ISSUANCE

DATE

The applicant is responsible for determining whether water, sewer, gas, and other utilities are available; for showing all easements and restrictions on the plot plan; and must adhere to all applicable codes and ordinances.

	NAME	COST	OWNER OR AUTHORIZED AGENT OF THE OWNER
General:	_____	\$ _____	_____
Electrical:	_____	\$ _____	PRINT NAME
Plumbing:	_____	\$ _____	_____
Mechanical:	_____	\$ _____	SIGNATURE
Other:	_____	\$ _____	_____
	TOTAL PROJECT	\$ _____	DATE

FOR OFFICE USE ONLY

No. Baths _____	No. Units _____	Type Fuel _____	Sq. Ft. Land _____	Type Occupancy: _____
Bedrooms _____	Basement _____	Type Const. _____	Sq. Ft. Floor _____	Type Application: _____
Rooms _____	HC Units _____	Type Roof _____	No. Park Sp. _____	TM: -- --
Stories _____	Type Heat _____		No. HC Park Sp. _____	

Zoning _____	Energy () Y/N	PubOwned () Y/N	Non-TaxProp .. () Y/N	SB () Y/N
Census Trt _____	DTA () Y/N	Landscaping ... () Y/N	Sewer Basin _____	CWS () Y/N
Census Code _____	Erosion () Y/N	SitePlan () Y/N	FloodPlain () Y/N	MTC () Y/N
BOA _____	Deptins () Y/N	DeptFacServ ... () Y/N	WellPermit () Y/N	HD _____
ImprPermit () Y/N	HealthDept () Y/N	PlanStatus _____	FireDist () Y/N	AO () Y/N

SETBACK F: ____ **LS:** ____ **RS:** ____ **R:** ____ **HT:** ____ **MOBILE HOME EXPIRATION DATE:** _____
TOTAL BUILDING PERMIT FEE: _____ **IMPACT FEE () Y/N** **HOMEOWNERS RECOVERY FUND () Y/N**

BUILDING BY: _____ **DATE:** _____
☐ Approved ☐ Disapproved ☐ No Plans ☐ Incomplete Plans
☐ Comments _____

ELECTRICAL BY: _____ **DATE:** _____
☐ Approved ☐ Disapproved ☐ No Plans ☐ Incomplete Plans
☐ Comments _____

PLUMBING BY: _____ **DATE:** _____
☐ Approved ☐ Disapproved ☐ No Plans ☐ Incomplete Plans
☐ Comments _____

MECHANICAL BY: _____ **DATE:** _____
☐ Approved ☐ Disapproved ☐ No Plans ☐ Incomplete Plans
☐ Comments _____

ENGINEERING BY: _____ **DATE:** _____
☐ Approved ☐ Disapproved ☐ See Attached

TRANSPORTATION BY: _____ **DATE:** _____
☐ Approved ☐ Disapproved ☐ See Attached

FIRE PREVENTION BY: _____ **DATE:** _____
☐ Approved ☐ Disapproved ☐ See Attached